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CONFIRMATION NO. 1688

Bib Data Sheet

SERIAL NUMBER 10/626,351	FILING OR 371(c) DATE 07/24/2003 RULE	CLASS 514	GROUP ART UNIT 1649	ATTORNEY DOCKET NO. 64371-5003-US
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **

** 10/17/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 2
Verified and Acknowledged	<i>Stephen Gucker</i> Examiner's Signature	Initials					

ADDRESS

43850

TITLE

Drug delivery in the nervous system

FILING FEE RECEIVED 575	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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